DECLARATI	ON AND	Attor	ney Docket Number	21358	358						
POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)			Named Inventor	aul J. Coleman							
			COMPLETE IF KNOWN								
			cation Number								
Declaration Submitted with Initial OR Filing	Declaration Submitted after Initia	Filing	Date								
	Filing (surcharge (37 CFR 1.16 (e))		Art Unit								
	required)	Exam	Examiner Name								
As a below named inventor	r, I hereby declare th	at:									
My residence, post office ad	My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
MITOTIC KINESIN INHIBIT	TORS										
the enecification of which		(7	Title of the Invention)								
the specification of which	less Niverban and Tisla	afaha In									
bears the Attorney Doc	ket Number and Title	or the in	vention noted above		-						
OR is attached hereto											
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International											
Application Number	and	was ame	mded on (MM/DD/YY)	(if app	olicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
amended by any amendment	specifically referred to	o above.									
				ion known to me to be material to p I information which became availab							
				late of the continuation-in-part appl							
				of any foreign application(s) for pate							
				ast one country other than the United ign application for patent or invented							
				ation on which priority is claimed.	(8),						
Prior Foreign Application	Country		Foreign Filing Date	e Attorney Docket Number	Priority Claimed?						
Number(s)	Country		(MM/DD/YYYY)	Attorney Docket Number	YES NO						
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
			Filing Date		Attorney Docket Number						
Application Number(s) 60/477,975			(MM/DD/YYYY) 03	21358PV	<u> </u>						
	*										

DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

designating is not disclosed 35 U.S.C. 11 37 CFR 1.56	the United States of a sed in the prior United 2, I acknowledge the which became available.	America, li ed States or e duty to d	isted belov r PCT inte lisclose inf	v and, ins mational ormation	ofar as t applicat known	the sub tion in to me t	ject matter of the manner to be materi	of each of provided al to pater	the claim by the fir- ntability a		
date of this a	ipplication. U.S. Parent Application (or PCT Parei	nt		Pa	arent Fil	ing Date		Par	ent Patent Number	
	Application Nu		-			MM/DD/				(if applicable)	
											
									-		
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											
As a named inventor, I hereby appoint, respectively and individually, as my attorney(s) or agent(s) with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: Customer Number OR Registered practitioner(s) name/registration number listed below											
	Name	<u>_</u>	Regis	tration				me		Registration	
David A. Muth	ard	3	<u>Nu</u> 5,297	nber	Mai	ırk R. D)aniel			Number 31,913	
David 11. 111dd						uk 14. 2		**		31,713	
								<u> </u>	· · · -		
					-						
Direct all co	rrespondence to: X	Custome	er Number	00	0210						
Name	David A. Muthard										
Address	Merck & Co., Inc		partment					•			
Address	P.O. Box 2000, R	Y60-30		0.						-0-6	
City	Rahway				State	ate NJ ZI		ZIP	070	65-0907	
Country	USA Telephone			(732)59	732)594-3903 Fa			(732)594-4720			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Surname								rname			
Paul J. Coleman											
Inventor's Signature	God Ce					D			Date 14 MAY 04		
Residence: City	Wallingford State PA				C	Countr	y US		Citizens	hip US	
Post Office Address	Merck & Co	o., Inc., P.	O. Box 20	00							
City	ity Rahway				s	State NJ ZIP 07065-0907			7065-0907		
Additional inventors are being named on the 1_ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.											

DECLARATION AND POWER OF ATTORNEY

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])				Family Name or Surname							
Lou Anne				Neilson							
Inventor's Signature		ForAnne Deilson			Date				14 May	700Y	
Residence: City	Sell	Sellersville		PA	Cou	Country US			Citizenship	us	
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City		Rahway	State NJ				ZIP	07065-0907			
Name of Addition	nal J	oint Inventor, if any:			A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])					Family Name or Surname						
Inventor's Signature								Date			
Residence: City			State		Cou	Country		Citizenship			
Post Office Address		Merck & Co., Inc., P.O. Box 2000									
City	Rahway		<u> </u>		State	State NJ		ZIP	07065-090	7	
Name of Addition	nal J	oint Inventor, if any:		A petition has been filed for this unsigned inventor							
Given Name (first and middle [if				any]) Family Name or Surname							
Inventor's Signature					Date						
Residence: City			State	State		Country			Citizenship		
Post Office Address	Merck & Co., Inc., P.O. Box 2000										
City	Rahway		9		State	State NJ		ZIP	07065-0907		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])						Family Name or Surname					
Inventor's Signature						Date					
Residence: City			State	:	Cou	Country			Citizenship		
Post Office Address	Merck & Co., Inc., P.O. Box 2000										
City		Rahway			State	State NJ Z		ZIP	07065-090	7	